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CAMA

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EAL MEDICAL

CIVIL AVIATION MEDICAL ASSOCIATION

BULLETIN

MARCH, 1980

(Headquarters)
801 Green Bay Road
Lake Bluff, Illinois 60044
312/234-6330

THE PRESIDENT'S MESSAGE



Dr. Robert S.
Poole

Before you know it, the 1980 CAMA Convention will be here. So mark your calendars. The date is definite - September 28 to October 4 - at the fabulous Stouffer's National Center Hotel, Arlington, Virginia. The Center is within walking distance of Washington's National Airport and the Metro, the new high speed transit system, making available Washington, D.C.'s many and varied tourist attractions.

The program will definitely include a Cardiopulmonary Resuscitation Certification Course for physicians and non-physicians, a review and update on respiratory therapy, aviation physiological training and altitude chamber ride at Andrews AFB, medico-legal and product liability seminar, aviation toxicology as well as other significant topics. The Aerospace Medical Association will evaluate the program for CME certification.

And for the ladies an outstanding and varied program includes a Tea at the White House with Mrs. Carter; a trip to the spectacular Hillwood House, the late Marjorie Merriweather Post's Estate now maintained by her daughter, Dina Merrill; fashion and fur shows.

The special CAMA program at the National Air and Space Museum and the trip to the Silver Hill facility will highlight the program.

So, members, mark your calendar unless you want your wives to leave you home

If anyone would like to make a presentation, please send title and brief description as well as time required now, since the program is almost complete.

See you in Washington, D.C.



The Capitol Building in mid-winter.

NEW MEMBERS

We extend a heartfelt welcome to the following new members:

Debebe Biratu, M.D.
Ethiopian Airlines Corp.
P.O. Box 1755
Addis Ababa, Ethiopia

Rowland H. S. Bedell, M.D.
8015 Greentree Road
Bethesda, MD 20034

Ian Blair Fries, M.D.
9 Hospital Drive
Toms River, NJ 07090

EDITORIAL STAFF

Editor
Dale J. Ducommun, M.D.

Assistant Editor
Albert Carriere

Contributors
Robert S. Poole, M.D.
H. L. Reighard, M.D.
Robert L. Wick, Jr., M.D.
Harold N. Walgren, M.D.

CAMA OBJECTIVES

1. To ascertain the basic mental and physical requirements of civil airmen and the proper methods for the physical assessment of airmen engaged in civil aviation.

2. To review continuously the scientific status of civil aviation medicine and thereupon to enlarge and disseminate the knowledge by which civil aviation medicine safeguards public safety.

3. To sponsor, as part of its educational program, basic and advanced training in civil aviation medicine.

4. To preserve and foster the spirit of international professional fellowship among its own members, allied medical and technical groups, and all students of aviation medicine.

5. To bind together the designated Civil Aviation Medical Examiners of the world into an effective medical body dedicated to the promotion and practice of aviation safety for the public benefit.



AVIATION MEDICINE

PART VII

ENVIRONMENTAL HEALTH*

Dr. H.L. Reighard,
Federal Air Surgeon

The Occupational Safety and Health Act of 1970 and Executive Order No. 11807 are aimed at providing a safe and healthful working environment for Federal employees.

The Environmental Health Program is designed to preserve the health and well-being of agency employees through the continuing evaluation and control of health hazards in specific areas.

Industrial Hygienists, assigned to FAA Headquarters in Washington, D.C., and the Civil Aeromedical Institute in Oklahoma City, Oklahoma, provide the technical competence necessary to recognize health hazards in agency facilities and work places. Using as a guide standards promulgated or approved by the U.S. Department of Labor, these personnel survey agency facilities for the following specific problems:

1. Environmental health hazard evaluations.
 - a. Noise, lighting, temperature, space, and humidity control.
 - b. Radiation, vibration, contaminants (non-toxic and dust).
 - c. Sanitation and pollution problems.
 - d. Medical aspects of agency housing problems.
2. Medical consideration in:
 - a. Disposal of garbage and industrial wastes.
 - b. Water supply.
 - c. Insect and rodent control (pesticides).
 - d. Weed and foliage control (herbicides).
 - e. Food supply and dispensing.
3. Toxicological problems - gases, liquids,

fumes, dust, and biological, chemical and radiological control.

- a. In aircraft.
- b. In ground installations.

REGIONAL MEDICAL ACTIVITIES

To carry out the various aspects of the agency's medical programs, which are developed and supervised from the Washington Headquarters, there are eleven Regional Flight Surgeons and their staffs located in Boston, New York City, Atlanta, Ft. Worth, Kansas City, Chicago, Denver, Los Angeles, Seattle, Anchorage and Honolulu. There are Assistant Regional Flight Surgeons, each with a small staff, located in the 20 major air route traffic control centers, who provide medical services to center employees and personnel in other nearby agency field facilities. These clinics are extensions of the Regional Medical Divisions. The work of these field elements is predominantly in occupational health, involving air traffic controllers, with the balance of their efforts devoted to (1) handling problem cases in pilot medical certification; (2) selecting and supervising Aviation Medical Examiners; (3) providing for the medical investigation of aircraft accidents which occur in their areas; and, (4) making personal presentations on the medical aspects of aviation safety to groups of pilots. These Assistant Regional Flight Surgeons are looked upon as FAA's field medical managers and its practitioners of aviation medicine.

**Reprinted from "Aviation Medicine" as written for the Federal Aviation Administration by Dr. H.L. Reighard, Federal Air Surgeon.*

The Editor's

Corner



Dale J. Ducommun, M.D.

The response to our request for news has been fine, and I want to thank all who sent in these items. To those of you who have not replied, please remember that this is your publication, the only means of communication that AME's have. So send us your letters, comments, criticism, or whatever you will.

One of the most challenging letters we've had was from a Canadian member who was disappointed in this news letter. He said it was not as scientific as it should be. In fact, it reminded him of an alumni bulletin for a college. He also implied that it lacked a serious tone.

Well!

If you will examine the last four issues of our Bulletin, you will find one or more scientific articles in each issue, along with a list of distinguished contributors. Of course, you will find lots of news about members, many pictures, an editorial by the President of CAMA, and a letters section where members may express themselves. We also try to keep you informed about plans for future meetings.

Throughout we try to keep a light touch, even at times a humorous touch. We try to avoid the deadly seriousness which seems to afflict so many scientific and medical publications. I do not mean to suggest that a publication devoted to pathology should attempt to be a humor magazine. But there are publications and publications, each one possessing its own character, or if you will, personality.

Above all, we strive for good writing,
Continued on page 5.

KNOW YOUR DIRECTORS



Dr. & Mrs. John H. Boyd

Dr. John H. Boyd, of Eden, Texas, rarely misses a CAMA meeting. Born in Texas, he is a graduate of the Kirksville College of Osteopathic Medicine, received a Bachelor of Science degree from Texas Tech, and did a four year stint in the United States Air Force. He has served as Director of the Texas Medical Foundation, President of the Texas Osteopathic Medical Association, and President of the Texas Institute for Medical Assessment. He has also been a County and City Health Officer, a member of the Local Selective Service System, a Trustee of

Wharton County Junior College, and a Member of the Advisory Committee on Medical and Dental Education, Coordinating Board Texas College and University System.

He was President of the Texas Institute for Medical Assessment when this group received a PSRO Planning Contract of \$404,000. This represented the culmination of 5 years of controversy between the physicians of Texas and the H.E.W. over the designation of PSRO areas in the State.

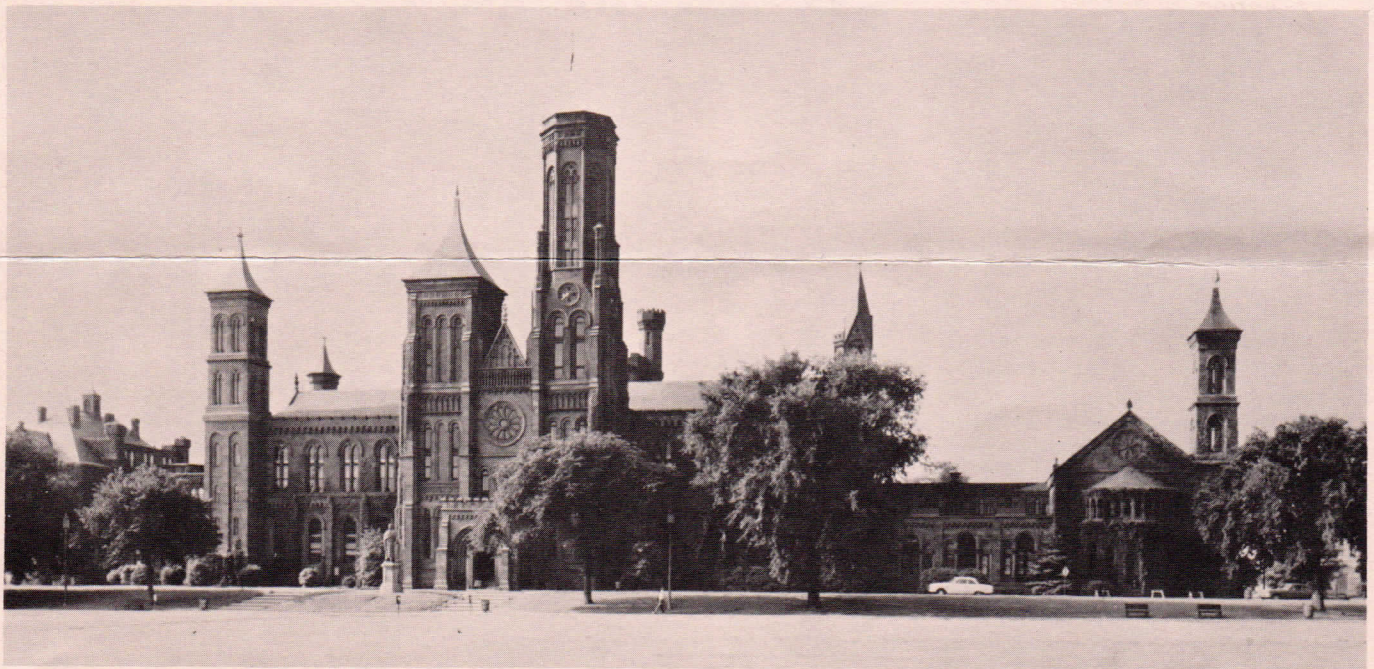
1980 MEETING PRE-VUES.....



THE LINCOLN MEMORIAL



C & O CANAL
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of 185 miles. Th
River and offers
the No. 1 recrea
residents. Mule-d
mer, picknickers,
path, and if the c
appear. George W
in the canal ente
found a university
corporation into



SMITHSONIAN INSTITUTION, WASHINGTON, D.C — This red brick "castle" on the Mall was the first of the great Smithsonian museums. Built in 1846, it now houses administrative offices and an information center. Photo courtesy Washington Area Convention and Visitors Bureau.

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The historic Chesapeake & Ohio Canal winds from Georgetown to Cumberland, Maryland, a distance of 184 miles. The canal, started in 1824, parallels the Potomac River and offers such spectacular scenery that it is probably the most popular attraction for metropolitan Washington. Each year, thousands of towboats and barges travel the canal during the summer months. Bicyclists and hikers utilize the canal's towpaths. The canal freezes in the winter, thousands of skaters enjoy the ice. George Washington was one of the original investors in the canal. When he died, his stock was used to pay off the canal's bankruptcy in 1828, but George Washington University still thrives. (Photo courtesy of the Metropolitan Washington Convention and Visitors Bureau.)



Above: STOUFFER'S NATIONAL CENTER HOTEL, site of the 1980 CAMA meeting. Below: From right to left: CONNIE DALTON, Director of Sales, Mid Atlantic National Sales Office; GARY MCGAVELLY, Director of Sales, National Center Hotel; JIM SHUMWAY, National Director of Marketing; KAREN WALL, Rooms Manager, National Center Hotel; H.D. LEWIS, General Manager, National Center Hotel, and two staff members.





COLOR BLINDNESS:

FACTS & FANCY

by
Robert L. Wick, Jr., M.D.
Past President, CAMA

How often have you heard someone say that he's color blind? Frequently of course. But the thoughtful physician knows that true color blindness is extremely rare. In fact, it is so rare that I've personally never seen a case. The truly color blind individual has an absence of cones in his retina, and he is not only color blind, he's also legally blind. Color blind people don't turn up in the aviation medical examiner's office wanting to learn to fly.

Ah, but what of those who are color weak? That's another story.

It is important to realize that there are many degrees of color weakness. While the most common type is a red-green deficiency, there are also rare individuals who have a blue-yellow problem. Within these two groups, there are still more subgroups. Those interested can look further into the matter in various ophthalmological texts, but we'll simplify matters somewhat for ease of discussion.

While not exclusively a male trait, color weakness is rare in females. Color vision characteristics are sex-linked, thus the male-female disparity. Because there are many degrees of weakness, a color vision test can be devised which will fail almost any desired percentage of examinees. Most good tests are designed to fail about 8% of U.S. white males, although there are tests in use which will fail more or less than that number.

There are two common aspects to the color vision testing aspects of an FAA examination which are worth noting. The first is that color vision testing is evidently not done well in some AME offices. Based on an active pilot population of almost 800,000 pilots we would expect to find roughly 64,000 with some degree of color vision weakness. The actual number reported to the FAA is far, far less.

In some cases, incorrect scoring is responsible. However, another culprit is improper use of the various color vision testing plates. Color plates are usually designed to be accurate with so-called "artists studio" light. That is a light of "daylight" color temperature for those among you who are also camera buffs. If the light used for testing is anything else, the plates will give inaccurate test results. Ordinary incandescent or fluorescent light is normally not satisfactory for color vision testing. Usually it has too much red in it.

Proper illumination can be achieved by using "north light" near a window which does not face the sun. Or if that is not practical, a special easel lamp with a blue shield can be used for the same result. The easel light is not particularly expensive, but is hard to find. Anything else will give incorrect exposure and introduce errors. This situation is similar to using outdoor color film indoors or vice versa without the necessary correcting filters. The colors in such a picture are not at all realistic.

Happily, even though a number of applicants will fail the color vision test in the office, most can still pass a practical test given by the FAA at airports with red, white and green signal lights for emergency use. The pilot applicant who can pass the test will be allowed to fly without restrictions against night flight, even though he may have a mild color weakness. Only about 5,000 of the expected 64,000 with a color problem have a serious enough weakness to restrict them from night flight. But that is no reason not to test carefully and accurately...

Gentlemen, man your color plates!

The Editor's Corner

Continued from page 2

and I am always reminded of this when our assistant editor changes a colon to a semi-colon. So we are ever mindful of Somerset Maugham's definition of good writing: "To say what you have to say in as short a time as possible."

In addition to good writing, I think I can say that our publication has a light touch while at the same time a great respect for scientific truth. We are also very serious about the objectives of the Civil Aviation Medical Association. In addition, we try somehow to inject in this Bulletin a kind of "fellowship in print", if I may use such a phrase.

I have always believed that any publication such as ours is only as good as the reaction it stimulates among its readers. This, you might say, is my credo.

What do you believe?



HAVE YOU HEARD?

Your response to our plea for more news items was a deluge. Hope you won't mind if we do some judicious trimming.

From Past President Hal Walgren came the following note:

"Well, it was fun meeting at the Dutch Inn, Lake Buena Vista, Florida. Scientific sessions were excellent. We all got wet in the pool during survival training.

"Thanks to everyone who worked so hard putting together a very successful meeting.

"Bob Poole, the new officers, the Trustees, and the Committee Chairmen are already hard at work. We're all looking forward to meeting in Washington, D.C. in October."

Hal, by the way, has been elected President-elect of the DuPage County Medical Society.

Dr. M. Young Stokes, III, who works so hard to get pictures at our annual meetings, was installed as a Hereditary Member of the Order of Deadalians. This is a group founded by and honoring World War I pilots. Dr. Stokes' father, was also installed as a Founding Member.

Dr. V. L. Sharp, Waterloo, Wisconsin, has been appointed a Lt. Colonel in the Wisconsin National Guard. He will be attached to the 13th Evac. Hospital, Madison, Wisconsin, and has been appointed Flight Surgeon.

Great Scott! pardon the pun, but Honorary Member Ms. Sheila Scott, who several years ago spoke so well at our meeting in Las Vegas, was the banquet speaker at the annual meeting of the Helicopter Association of America, held in Las Vegas.

Dr. Dale Ducommun, your Bulletin Editor, has been appointed to Associate Fellow status in the Aerospace Medical Association.

From Dr. Silvio Finkelstein, CAMA Past President and Chief of the Aviation Medicine Section of the International Civil Aviation Organization (ICAO) we received the following:

"Dear Al,

"I am sorry for my long silence; I have been quite busy and the enclosed circular letter will give you an idea of the office activities accomplished this year. This letter goes to 120 doctors throughout the world, and you will notice that I am making a promotion for CAMA, and, at the same time, I also indicate the time of your next annual meeting. You may receive requests for additional

information from these colleagues.

With my very best wishes to Harriett, to your staff at Headquarters, and my deep respect to CAMA's Officers, Trustees and Members.

"I have just returned from directing the first Regional MID/AFI Civil Aviation Medicine Seminar held in Nairobi, Kenya, in which 38 participants from 14 Contracting States were in attendance."

Dr. Carl N. Graf was the recipient of the VIP Presentation, awarded by the Morton Grove, Illinois, Chamber of Commerce and Industry, for his dedicated services to the community and to Lutheran General Hospital over the past 35 years.

Dr. Richard B. Yules, Worcester, Massachusetts, has been appointed statewide medical director for the MAST Program. MAST, which stands for Military Assistance to Safety and Transportation, is a statewide helicopter emergency MEDOVAC system which was launched on July 4, 1979.

TIPS FROM Hal Walgren:

TAX TIPS

An income tax credit is available up to \$300 for energy conserving residential expenses made after 20 April 1977. The credit is calculated by taking 15% of the first \$2000 of qualifying expenses. Note that the allowance is a tax credit and not simply a tax reduction. Qualifying items include insulation, storm doors/windows, caulking, weather-stripping, certain heating modifications.

Also available is a tax credit for renewable energy source equipment such as solar, wind and geothermal units. The credit is calculated by taking 30% of the first \$2000 of expense and 20% of the next \$2000 for an eligible tax credit total of up to \$2200.

ENERGY TIP

The 55 Mph law is one that we can live with. It does save fuel. You can check the accuracy of your speedometer. At 55 Mph it should take 65 seconds between mile markers.

We received a very nice letter from Dr. Gerald Backenstoe, one of the founders of CAMA. Dr. Backenstoe was born in 1903, the year the Wright Brothers made their first flight at Kill Devil Hills, North Carolina. His interest in flight was kindled in 1913, when he and a younger sister made a 15 minute flight in a Curtis hydroplane (pusher engine type) in Atlantic City.

The year Lindbergh made his historic flight, Dr. Backenstoe was a student at Columbia University, Class of 1927 M. He was then flying in blimps and Key-

stone Bombers as part of his ROTC training at Langley Field, Virginia.

"In that isolated world with no communication possible, I was frightened on every flight. The tail assembly shuddered, shivered unbelievably. I was sure it would break off. Actually, one did break off one day; obviously, I missed that flight."

Dr. Backenstoe took his first solo flight on July 9, 1928, thus obtaining his pilot's license. He served in the Army Air Force of World War II where he flew countless planes, and was made an FAA Senior Medical Examiner. In the years since, Dr. Backenstoe and his wife, Harriet, have logged thousands of miles in the air, traveling to the remotest reaches of the world. They flew the smallest of airplanes and the largest of jets - their latest major flight being on the tremendous Concorde from London to Washington, D.C.



Dr. Robert Field & Family

Dr. Robert Field, CAMA Secretary-Treasurer, and wife Flo, recently returned from serving at Hospital Lumiere in Bonne Fin, Haiti. This is the third trip to Haiti for the Fields. Their son Dr. Timothy Field, a surgical resident, his wife Susan, who is a nurse, and an additional son, Paul, also worked in the hospital. The Fields make up a surgical team operating a wide range of cases. The hospital was built by the Haitian Mission of World Team, a missionary organization based in Florida. The hospital has been built for 150 beds and is located in the mountains approximately 115 miles southwest of Port au Prince. All of the Fields are excited by and gratified with the opportunity to serve in an area of such great need with the dedicated people with whom they work and in the beautiful Haitian mountains. An added pleasure is being able to work as a family group. They are planning to return to Bonne Fin in the near future.

TIMES HAVE CHANGED!

This article describing the duties of flight attendants appeared in the Farmer's

Almanac:

"On May 15, 1930, all Boeing Air Transport Planes (now United) began carrying attendants. The first flight service manual included the following instructions:

- Before each flight clean the cabin, sweep the floor, dust off the seats, wipe the windowsills, etc.
- Make sure all seats are securely fastened to the floor.
- Warn passengers against throwing cigars and cigarettes out of windows.
- Keep the clock and altimeter wound.
- Carry a railroad timetable in case the plane is grounded.
- Keep an eye on passengers when they go to the lavatory, to be sure they don't mistakenly go out the emergency exit."

LEST WE FORGET...

A flight surgeon is not only concerned with flying personnel and passengers. He is also aware that it takes many ground personnel, crew, and technical operators to keep the airplane and its passengers aloft. Preventive medicine in the areas of public health and industrial surgery are part of his every day work. In this area he again utilizes many disciplines, that is, toxicology, dermatology, immunology, human engineering, nutrition, industrial hygiene, and many others.

The aerospace medical specialist must be a competent administrator. Paper work is an indispensable part of his daily life as a wide variety of reports and figures must be digested and handled with meticulous care. The use of correct language is paramount in recording examination data. To be brief and concise but accurate is of utmost importance. He must be able to work through volumes of biostatistics and determine their significance from the practical point of view.

George B. McNeely, M.D., CAMA Past President. From CAMA Bulletin for December, 1962.

BOARD MEETING

The Board of Directors will hold a breakfast meeting starting at 8:00 a.m. on Monday, May 12, 1980, in the Palm Room of the Sierra Tower at the Disneyland Hotel, Anaheim, California.

The CAMA Luncheon is scheduled for 12:30 p.m. the same day, in Magnolia Room B.

